



Mission: The mission of NYSPHA is to promote and protect the public's health through professional development, networking, advocacy, and education.

Vision: Strengthening public health and taking action to make New York the healthiest state.

**Testimony Submitted on Behalf of the  
Board of Directors and the Membership of the  
New York State Public Health Association  
(NYSPHA)**

**by**

**Denise C. Tahara, PhD  
President, NYSPHA  
Associate Professor New York Medical College  
School of Health Sciences & Practice**

**to**

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It is an honor to provide testimony on the Department of Health Budget for 2022 on behalf of the Board of Directors and the members of the New York State Public Health Association. NYSPHA is the New York State affiliate of the American Public Health Association (APHA) and serves as the statewide organization for members from all disciplines across the spectrum of public health professionals, organizations, academia, and students pursuing careers in public health. Our mission is to improve the public's health through advocacy, education, networking, and professional development.

**A primary goal of NYSPHA is to address health disparities and promote health equity.** The COVID-19 pandemic has amplified the pre-existing, dire health and behavioral health inequities in the population, the impact of which falls disproportionately on Black, Latinx, Asian, and Indigenous New Yorkers as well as those living in poverty and in rural areas. These populations were already experiencing significant health disparities that have only been further exposed and worsened by the COVID-19 pandemic. The causes of these disparities are exacerbated by the social determinants of health such as poor housing, limited education, environmentally hazardous living environments and low-paying jobs, and poor access to care in inner-city and rural areas, as well as the enduring effects of implicit bias and racism in healthcare and other systems. Structural and institutional racism has been a public health crisis for generations, only to be exacerbated during the pandemic.

**To promote health equity and public health preparedness for this and future pandemics, New York's public health infrastructure needs significant support.** At the core of New York State's public health infrastructure are the 58 local health departments (LHDs) - including New York City's. Even before the COVID-19 pandemic, LHDs were on the front lines of many public health issues, including the fight for health equity. Many local health departments were operating on shoestring budgets before the pandemic. After two years of battling COVID while trying to maintain other essential functions, their financial and staffing resources are depleted.

LHDs develop and maintain individual and community preparedness for public health hazards and events; investigate, prevent, and control communicable diseases; prevent environmental health hazards through assessment, regulation, and remediation; prevent chronic diseases through outreach and education to promote healthy lifestyles among the public; ensure medical providers use evidence-based guidelines for chronic disease management; provide services to individuals, children, and families who have developmental delays and concerns; and manage the local mental hygiene system to meet the needs of individuals and families affected by mental illness, substance use disorders, and/or developmental disability in their communities. The LHDs and LGUs have stepped up during the pandemic to conduct disease surveillance, contact tracing, and vaccine distribution and to provide mental health and substance use disorder treatment to patients with pre-existing conditions as well as to those whose mental health was affected by the pandemic. They have been key communicators and trusted sources of information at the local level.

**The first priority to support New York's LHDs is to maintain the core public health services they are tasked to provide.** LHDs need increased funding for staff to support surveillance, inspection, outreach, communications, and enforcement activities to address communicable diseases, chronic diseases, emergency preparedness and response, community health assessments and, in full-service counties, environmental health. Additionally, LHDs must respond to emerging public health threats such as the vaping-related illnesses, legionella, measles and other vaccine-preventable diseases, the opioid crisis, dangerous water contaminants, increasing rates of sexually transmitted diseases, vector-borne diseases and beyond. And that was before the pandemic. These are problems

that short-term increases in funding will not address. These capabilities and services require a long-term funding commitment.

**The public health infrastructure is built on people** – local health officials, preparedness coordinators, epidemiologists, public health nurses, sanitarians, social workers, public health educators and support staff. Long-standing stagnant state aid, property tax caps, Article 6 State Aid restrictions, and recent cutbacks, funding eligibility restrictions and other administrative barriers have all undermined the local public health infrastructure, the one we all rely on to be there in emergencies. As a result, the State’s public health workforce outside of New York City decreased even before the pandemic. Unfortunately, over the past five years in New York State, the number of LHD staff delivering Article 6 core services has further declined. According to data from the New York State Department of Health, the number of FTEs working on Article 6 services declined by 7% between 2015 and 2020. During this same period, the population of the state increased by 3%. This reduction in staff has made it harder for the state’s local health departments to address the public health challenges facing their communities, including responding to the COVID-19 pandemic. While the largest reduction in staff was experienced by the New York City Department of Health and Mental Hygiene, other LHDs also experienced a decline. Despite recent funding to LHDs in support of the COVID-19 response, the state’s LHDs need a permanent and sustainable commitment of adequate resources so they can rebuild over the long term. This will also assure that the state is better prepared for the next public health crisis.

To maintain core public health services and address these emerging threats, we recommend the following be included in the 2022 Executive Budget:

**1) NYSPHA supports the New York State Association of County Health Officials (NYSACHO) proposals contained in the PREPARE Act.** We are very pleased that two key components of NYSACHO’s PREPARE Act were included in the Executive Budget proposal.

- First, the Executive Budget proposes an increase to the Article 6 base grant from the current \$650,000 or .65 per capita to \$750,000 or \$1.30 per capita, whichever is greater.
- Second, The Executive Budget proposal would make fringe benefits eligible for reimbursement, up to a fringe rate of 50%.
  - These are long standing requests and are long overdue. NYSPHA urges the legislature to adopt these changes in the final enacted budget.
  - There are several additional components of the PREPARE Act that were not included in the Executive Budget proposal.
- Restore New York City to 36% reimbursement beyond the base grant under Article 6 state aid. New York City’s reimbursement rate was reduced several years ago resulting in a loss of funding of \$60 million annually.
- Provide state reimbursement of 50% for pathology and toxicology services provided by county medical examiners. This work has been critical during the pandemic but the state has contributed nothing to fund this effort.
- Fully fund the implementation of the 2019 Elevated Blood Lead Level Mandate. Lowering the blood lead level for public health action in 2019 was the right thing to do for health, but no additional funding was provided for local health departments to handle a tripling of their annual caseload.

NYSPHA recommends that the legislature rectify these shortfalls and fully fund these

proposals.

**2) NYSPHA also supports a comprehensive series of tobacco control proposals.** Tobacco use remains the single largest cause of premature disease and death among New Yorkers. In all, 22,000 adult New Yorker's die each year from tobacco-related causes. Smokers are at increased risk of poor outcomes from COVID-19. There are no new tobacco control initiatives in the Executive Budget proposal. NYSPH recommends the legislature adopt the following:

- Increased funding for the NYSDOH Tobacco Control Program. The TCP utilized evidence-based strategies, runs hard-hitting cessation media, runs community-based programs to prevent youth initiation, and operates the State's 1-800 Quitline. Although the state receives \$2.63 billion annually in tobacco-related dollars annually, \$1.63 billion in tobacco excise taxes and \$737.7 million from the Master Settlement Agreement; it only spends \$39 million (1.6%) on the Tobacco Control Program. This funding level is a 54% decrease from the Program's peak funding level of \$85 million in the 1990s. NYSPHA recommends increasing the program's funding to \$52 million as a down payment towards the CDC-recommended level of \$203 million.
- NYSPHA also supports increasing the tax on tobacco products by the equivalent of \$1 per pack of cigarettes. Raising the cigarette tax is one of the most effective tobacco prevention and control strategies, but the tax has remained static for the last ten years. A \$1.00 per pack cigarette tax increase is projected to net \$38.87 million in new annual revenue, which could be used to support the state and local health departments. Additionally, it is estimated that 22,200 youth under age 18 would be prevented from becoming adult smokers, decreasing future healthcare expenditures due to smoking. Currently, \$9.7 billion is spent annually on tobacco related healthcare costs in New York State. Therefore, increasing the price of cigarettes not only raises critical revenue – it decreases the prevalence of tobacco use, particularly among youth and young adults. To further increase public health benefits, increase cost savings, and generate revenue, New York State should also raise the tax on all other tobacco products including e-cigarettes and cigars to provide tax parity with cigarettes. This will also prevent tobacco users from jumping between products whenever one product's price increases.

**3) Health and Public Health Workforce Programs.** Many clinical settings and local health departments are experiencing in increase in employees retiring and are have difficulty recruiting young professionals to fill these gaps. NYSPHA supports the Executive Budget proposals to address these issues.

- NYSPHA supports existing and proposed programs that encourage, recruit, train, incentivize and support health and human services workforce, including the proposed Nurses Across New York program.
- NYSPHA also recommends that the State develop a sustainability plan for the Public Health Corps Fellowship Program. We commend the New York State Department of Health for launching the Public Health Corps Fellowship Program and the New York City Department of Health and Mental Hygiene for its similar efforts to support the public health workforce. These programs bring new graduates into the public health workforce for one to two-year fellowships in local health departments and community-based public health organizations and is a tremendous first step in rebuilding the public health workforce. However, these programs are federally funded with COVID-related dollars that will likely not continue. The ability of LHDs to permanently hire the fellows after their fellowship ends is significantly

restricted by the local property tax cap and Article 6 restrictions on paying fringe benefits. We recommend building a fully funded continuation of the Public Health Corps and New York City positions into the State Financial Plan for the 2024 budget year. Otherwise, the program will not achieve its goals of rebuilding the state's public health workforce.

The COVID pandemic has tested all of us. We urge you to use this extraordinary moment to use the budget process to adopt the Executive Budget's public health proposals, to include funding for additional programs, as outlined in this testimony, and access additional sources of revenue and to increase support for public health programs to improve the health of our communities and to address health disparities.

We respectfully ask you to **support the health of all New Yorkers** by including these recommendations in the FY 2022-2023 enacted New York State Budget. Please do not hesitate to reach out to continue the conversation.

Thank you.

Denise C. Tahara, PhD  
President  
New York State Public Health Association  
[info@nyspha.org](mailto:info@nyspha.org)